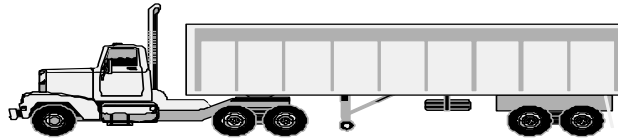


# **COMMON CARRIER OF PROPERTY EXCLUDING HOUSEHOLD GOODS**

1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)



## **PART A APPLICATION FOR PERMIT**

## **PART B SAFETY FITNESS SURVEY - Section 1 General Safety SAFETY FITNESS SURVEY - Section 2 Hazardous Materials**

## **PART C SEPA QUESTIONNAIRE**

## **ADDITIONAL INFORMATION**

- **WAC 480-14 Rules Relating to Motor Carriers, Excluding Household Goods Carriers and Common Carrier Brokers**
- **Your Guide to Achieving a Satisfactory Safety Record**

Intrastate Common Carriers hauling general commodities (excluding household goods) must apply for and receive a permit from the commission prior to conducting hauling for-hire in the state of Washington. Household Goods and Brokers require a different application.

## **PLEASE READ INSTRUCTIONS CAREFULLY INSTRUCTIONS**

General Commodities - Excluding Household Goods & Brokers

**INCOMPLETE OR INCORRECT APPLICATIONS MAY DELAY ISSUANCE OF YOUR PERMIT.  
APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE APPLICATION FEE.**

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services  
PO Box 47250  
Olympia, WA 98504-7250  
Phone: (360) 664-1222 Fax (360) 586-1181

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### PART A - APPLICATION FOR PERMIT

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**TYPE OF APPLICATION:** Check the type of application and operating authority you are requesting. General Commodities, Hazardous Materials, and Armored Car Service are defined in WAC 480-14-040.

**New Common Carrier Permit Authority or Transfer of Existing Permit Number** applies if you are making application for a new permit, applying to reactivate a permit which has been canceled more than ten (10) months, or applying to transfer an existing permit. See section regarding "Transfer of Permit Number".

**Extension of Existing Common Carrier Permit Authority** applies if you currently have an active permit authority with the Commission and you want to add additional authority.

**Reinstatement of Canceled Common Carrier Permit Authority** applies if you want to reactivate a permit within ten (10) months of cancellation. You must apply for a NEW permit if your permit has been canceled more than ten (10) months.

**MOTOR CARRIER IDENTIFICATION:** List your current Common Carrier Permit Number (if filing an extension or reinstatement), US DOT Number, and your Washington Unified Business Identifier (UBI). Companies that perform hauling for-hire within Washington must have a UBI number. See list of other agencies and information if you have questions about the US DOT or UBI numbers and where to obtain them.

Applicant name must be either an individual, partnership, or corporation and must agree exactly with the name on the insurance certificate. If a corporation, the name must also match the corporate name as registered with the Secretary of State's office. Under "D/B/A" you may list a trade or business name, if different than the applicant name. List a PHYSICAL address (location) of the business records, if it is different from the mailing address.

**TYPE OF MOTOR CARRIER:** Check type of business. If other than INDIVIDUAL, list names and addresses of all partners or majority shareholders and their percentage of interest.

**TRANSFER OF PERMIT NUMBER:** If you are transferring a permit number from one owner to another, you must complete this section. You will be assigned a new permit number if the current permit holder does not authorize transfer of the permit number to you.

**INSURANCE REQUIREMENTS:** Each applicant must check the appropriate box to indicate they are, or are not, planning to haul hazardous materials. Applicants must file proof of liability and property damage insurance covering each vehicle used under the permit. Proof of insurance shall be submitted on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E), or a written binder. If a binder is submitted, it shall be effective for not longer than 60 days, during which time the carrier must file the required FORM E.

**THE NAME ON THE INSURANCE MUST MATCH THE APPLICANT NAME EXACTLY.**

**Insurance Limits for Vehicles with Gross vehicle weight ratings of less than ten thousand pounds:**

- \$300,000** General Commodities Only
- \$5,000,000** Any quantity of Class A or B explosives; any quantity of poison gas (Poison A); or highway route controlled quantity of radioactive materials as defined in 49 CFR 173.455.

**Insurance Limits for Vehicles with Gross vehicle weight ratings of ten thousand pounds or more:**

- \$750,000** General Commodities and/or Armored Car Service
- \$1,000,000** Hazardous Materials: Oil listed in 49 CFR 172.101, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned below.
- \$5,000,000** Hazardous substances, as defined in 49 CFR 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas, or compressed gas; or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

Any quantity of Class A or B explosives; any quantity of poison gas (Poison A); or highway route controlled quantity of radioactive materials as defined in 49 CFR 173.455.

**EQUIPMENT:** List, or attach a list of, all power equipment that will be used to haul under this permit.

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**PART B - SAFETY FITNESS SURVEY**

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**SAFETY FITNESS SURVEY:** All applicants must complete the Safety Fitness Survey. Motor carriers must comply with all of the applicable state and/or federal safety requirements for their operations.

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**PART C - SEPA QUESTIONNAIRE**

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**STATE ENVIRONMENTAL PROTECTION ACT (SEPA) QUESTIONNAIRE:** Applicants who will be hauling any of the following commodities must complete the SEPA Questionnaire:

- < Petroleum products, in bulk, in tank type vehicles
  - < Radioactive substances
  - < Explosives
  - < Corrosives
- 

**CONTACTS FOR ADDITIONAL ASSISTANCE**

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FMCSA (ICC) Authority, DOT Numbers, Haz Mats, Placards	US DOT, FMCSA, Olympia, WA Office	(360) 753-9875
Vehicle Licenses, Titles, Registrations	WA Dept of Licensing	(360) 902-3770
Commercial Drivers Licenses (CDL), Medical Waivers	WA Dept of Licensing	(360) 902-3619
Prorate; IRP; Reciprocity	WA Dept of Licensing	(360) 664-1895
Master Business License, Unified Business Identifier (UBI)	WA Dept of Licensing	(360) 664-1400
IFTA, Fuel bonds, Fuel Permits, Fuel Tax	WA Dept of Licensing	(360) 664-1868
Over-size/Over-Weight Permits Log Tolerance	WA Dept of Transportation	1-800-562-6902 or (360) 704-6340
Commercial Vehicle Size & Weight; Driver & Equipment Safety; Hazardous Material Regulations; Ports of Entry and Scalehouses	Washington State Patrol	(360) 596-3800
Corporate Registrations	WA Secretary of State	(360) 725-0377
Heavy Vehicle Use Tax Report	Internal Revenue Service	1-800-829-1040

## PART – A

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

#### FOR OFFICIAL USE ONLY

Reception Number:	Safety:	Carrier ID#:
111 0268 200 02	Insurance:	Employee:

#### TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

☐ **\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
(Must be filed within 10 months of cancellation)

For Commission Use Only:  
Auth #: \_\_\_\_\_

#### TYPE OF PAYMENT

☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard ☐ Visa      Expiration Date \_\_\_\_\_

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

#### MOTOR CARRIER IDENTIFICATION

CC#:	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME:		PHONE#:
d/b/a:		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)		
(city, state, zip)		
PHYSICAL ADDRESS: (street address, if different)		

## TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

☐ INDIVIDUAL    ☐ PARTNERSHIP    ☐ CORPORATION – STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

## TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

## INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

☐ The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

☐ The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

☐ The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

☐ The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

## EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#

*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

## PART - B

### SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650  
J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333  
Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183  
US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

#### Controlled Substances and Alcohol Testing (Part 382)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

### Drivers Hours of Service (Part 395)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

### Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## PART - B

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### SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must  
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.  
\_\_\_\_\_
2. Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3. Y N Are drivers trained in the use of Emergency Response Information?
4. Y N Is the Emergency Response Information carried in the vehicle?
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.  
\_\_\_\_\_
6. Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7. Who is responsible for completing hazardous materials shipping papers?  
\_\_\_\_\_
8. Where are hazardous material shipping papers located during transportation?  
\_\_\_\_\_
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.  
\_\_\_\_\_
10. Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.



## PART - C

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### STATE ENVIRONMENTAL PROTECTION ACT (SEPA) QUESTIONNAIRE

**NOTE:** Complete this questionnaire **ONLY** if you intend to haul the following commodities:

- < PETROLEUM PRODUCTS, IN BULK, IN TANK TYPE VEHICLES
- < RADIOACTIVE SUBSTANCES
- < EXPLOSIVES
- < CORROSIVES

The State Environmental Policy Act of 1971, Chapter 43.21C RCW, requires all state and local governmental agencies to consider environmental values both for their own actions and when licensing private proposals. The Act also requires that an Environmental Impact Statement (EIS) be prepared for all major actions significantly affecting the quality of the environment. The purpose of this checklist is to help the agencies involved determine whether or not a proposal is a major action.

Please answer the following questions as completely as you can with the information presently available to you. Where explanations of your answers are required, or where you believe an explanation would be helpful to government decision makers, include your explanation in the space provided, or use additional pages if necessary. You should include references to any reports or studies of which you are aware and which are relevant to the answers you provide. Complete answers to these questions will help all agencies involved with your proposal to undertake the required environmental review without unnecessary delay.

The following questions apply to your total proposal, not just to the permit for which you are currently applying or the proposal for which approval is sought. Your answers should include the impacts which will be caused by your proposal when it is completed, even though completion may not occur until sometime in the future. This will allow all of the agencies involved to complete their environmental review now, without duplication of paperwork in the future.

**NOTE:** This is a standard form being used by all state and local agencies in the state of Washington for various types of proposals. Many of the questions may not apply to your proposal. If a question does not apply, just answer "not applicable" or "N/A" and continue on to the next question.

#### ENVIRONMENTAL CHECKLIST FORM

##### A. BACKGROUND

1. Name of proposed project, if applicable:
2. Name of applicant:
3. Address and phone number of applicant and contact person:
4. Date checklist is being prepared:
5. Agency requesting checklist: WA UTILITIES AND TRANSPORTATION COMMISSION
6. Proposed timing or schedule (including phasing, if applicable):
7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

8. List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal.
9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain.
10. List any government approvals or permits that will be needed for your proposal, if known.
11. Give a brief, complete description of your proposal, including the proposed uses and the size of the project and site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do not need to repeat those answers on this page.
12. Location of the proposal. Give sufficient information for a person to understand the precise location of your proposed project, including a street address, if any, and section, township, and range, if known. If a proposal would occur over a range of area, provide the range or boundaries of the site. Provide a legal description, site plan, vicinity map, and topographic map, if reasonably available. While you should submit any plans required by the agency, you are not required to duplicate maps or detailed plans submitted with any permit applications related to this checklist.

**B. ENVIRONMENTAL ELEMENTS**

**1. EARTH**

- a. General description of the site (circle one): flat, rolling, hilly, steep slopes, mountainous, other.
- b. What is the steepest slope on the site (approximate percent slope)?
- c. What general types of soils are found on the site (for example, clay, sand, gravel, peat, mulch)? If you know the classification of agricultural soils, specify them and note any prime farmland.
- d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.
- e. Describe the purpose, type, and approximate quantities of any filling or grading proposed. Indicate source of fill.
- f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.
- g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or building)?
- h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

**2. AIR**

- a. What types of emissions to the air would result from the proposal (i.e., dust, automobile, odors, industrial wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities if known.
- b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.
- c. Proposed measures to reduce or control emissions or other impacts to air, if any:

### 3. WATER

#### a. Surface:

- 1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lake, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.
- 2) Will the project require any work over, in, or adjacent to (within 200 feet) of the described waters? If yes, please describe and attach available plans.
- 3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.
- 4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose and approximate quantities if known.
- 5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan.
- 6) Does the proposal involve any discharge of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.

#### b. Ground:

- 1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description, purpose and approximate quantities if known.
- 2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage; industrial, containing the following chemicals...; agricultural; etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.

#### c. Water Runoff (including storm water):

- 1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other water? If so, describe.
- 2) Could waste materials enter ground or surface water? If so, generally describe.

#### d. Proposed measures to reduce or control surface, ground, and runoff water impacts, if any:

### 4. PLANTS

#### a. Check or circle types of vegetation found on the site:

_____ deciduous tree: alder, maple, aspen, other	_____ pasture
_____ evergreen tree: fir, cedar, pine, other	_____ crop or grain
_____ water plants: water lily, eelgrass, milfoil, other	_____ shrubs
_____ wet soil plants: cattail buttercup, bullrush, skunk cabbage, other	

#### b. What kind and amount of vegetation will be removed or altered?

#### c. List threatened or endangered species known to be on or near the site.

#### d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

5. ANIMALS

- a. Circle any birds and animals which have been observed on or near the site or are known to be on or near the site:  
birds: hawk, heron, eagle, songbirds, other:  
mammals: deer, bear, elk, beaver, other:  
fish: bass, salmon, trout, herring, shellfish, other:
- b. List any threatened or endangered species known to be on or near the site.
- c. Is the site part of a migration route? If so, explain.
- d. Proposed measures to preserve or enhance wildlife, if any:

6. ENERGY AND NATURAL RESOURCES

- a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.
- b. Would your project affect the potential use of solar energy by adjacent property? If so, generally describe.
- c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:

7. ENVIRONMENTAL HEALTH

- a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal? If so, describe.
  - 1) Describe special emergency services that might be required.
  - 2) Proposed measures to reduce or control environmental health hazards, if any:
- b. Noise
  - 1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)?
  - 2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)?  
Indicate what hours noise would come from the site.
  - 3) Proposed measures to reduce or control noise impacts, if any:

8. Land and Shoreline Use

- a. What is the current use of the site and adjacent properties?
- b. Has the site been used for agriculture? If so, describe.
- c. Describe any structure on the site.
- d. Will any structure be demolished? If so, what?
- e. What is the current zoning classification of the site?
- f. What is the current comprehensive plan designation of the site?

- g. If applicable, what is the current shoreline master program designation of the site?
  - h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify.
  - i. Approximately how many people would reside or work in the completed project?
  - j. Proposed measures to avoid or reduce displacement impacts, if any:
  - k. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any:
9. HOUSING
- a. Approximately how many units would be provided, if any? Indicate whether high, middle or low-income housing.
  - b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle or low-income housing.
  - c. Proposed measures to reduce or control housing impacts, if any:
10. AESTHETICS
- a. What is the tallest height of any proposed structure, not including antennas; what is the principal exterior building material proposed?
  - b. Proposed measures to reduce or control aesthetic impacts, if any:
11. LIGHT AND GLARE
- a. What type of light or glare will the proposal produce? What time of day would it mainly occur?
  - b. Could light or glare from the finished project be a safety hazard or interfere with views?
  - c. What existing off-site sources of light or glare may affect your proposal?
  - d. Proposed measures to reduce or control light and glare impacts, if any:
12. RECREATION
- a. What designated and informal recreational opportunities are in the immediate vicinity?
  - b. Would the proposed project displace any existing recreational uses? If so, describe.
  - c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any:
13. HISTORIC AND CULTURAL PRESERVATION
- a. Are there any places or objects listed on, or proposed for, national, state, or local preservation registers known to be on or next to the site? If so, generally describe.
  - b. Proposed measures to reduce or control impacts, if any:
14. TRANSPORTATION
- a. Identify public streets and highways serving the site, and describe proposed access to the existing street system. Show on-site plans, if any.
  - b. Is site currently served by public transit? If not, what is the approximate distance to the nearest transit stop?

- c. How many parking spaces would the completed project have? How many would the project eliminate?
- d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (indicate whether public or private).
- e. Will the project use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe.
- f. How many vehicular trips per day would be generated by the completed project? If known, indicate when peak volumes would occur.
- g. Proposed measures to reduce or control transportation impacts, if any:

15. PUBLIC SERVICES

- a. Would the project result in an increased need for public services (for example: fire protection, police protection, health care, schools, other)? If so, generally describe.
- b. Proposed measures to reduce or control direct impacts on public services, if any.

16. UTILITIES

- a. Circle utilities currently available at the site: electricity, natural gas, water, refuse service, telephone, sanitary sewer, septic system, other.
- b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.

C. SIGNATURE

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_